MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

01518

CERTIFICATE OF DEATH

Reg. Diat. No. 51

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County CALVERT
City or town PRINCE FREDERICK, MD
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?
Hospital, institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State MARYLAND County CALVERT
City or town PRINCE FREDERICK
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war

3.(a) FULL NAME MRS ANNIE IRENE BOWEN

3.(b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
F	W	WIDOW

6.(b) Name of husband or wife EZEKIEL BOWEN

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) SEPT 1887

8. AGE: Years	Months	Days	If less than one day
58			..... hrs. ..... min.

9. Birthplace BALTIMORE MD.
(Town, county, and state)

10. Usual occupation HOUSEWIFE

11. Industry or business

FATHER
12. Name RAMPHILLION
13. Birthplace — BALTIMORE, MD

MOTHER
14. Maiden name ANNIE KELTON
15. Birthplace -

16. Informant THOMAS KELTON SCRIVENER
Address PRINCE FREDERICK, MD

17. burial
(Burial, cremation, or removal. Which?)
Date thereof 2-12-45
(month) (day) (year)

Cemetery or crematory All Saints
Location Huntingtown, Md

18. Funeral director W. H. Hutchins
Address Owings, Md

19. 2-10-45
(Date rec'd by registrar)
L. M. King
Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 10 1945 at 3a M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Feb 9 1945 to Feb 10 1945 and that I last saw h... alive on Feb 9 1945

Immediate cause of death	DURATION
Cerebral hemorrhage	
Due to	
Due to Hypertensive C.V.D.	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations
Date of op.
Autopsy results
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE
M. D. or other
Address Date signed

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 59

CERTIFICATE OF DEATH

01519

Reg. Diat. No. 52

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County: Calvert
City or town: Prince Frederick
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?
Hospital, institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md. County: Calvert
City or town: Prince Frederick
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war

3.(a) FULL NAME Joseph Coates

3.(b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
M	C	S

6.(b) Name of husband or wife

6.(c) If alive, give age ... years

7. Birth date of deceased (mo., day, yr.) Jan 28, 1941

8. AGE: Years	Months	Days	If less than one day
		17	...hrs. ...min.

9. Birthplace Md
(Town, county, and state)

10. Usual occupation

11. Industry or business

FATHER
12. Name Emory Coates
13. Birthplace Maryland

MOTHER
14. Maiden name Martha Hunter
15. Birthplace Md

16. Informant Emory Coates
Address Prince Frederick Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof Feb. 15, 1943 (month) (day) (year)
Cemetery or crematory St Edmunds
Location Calvert Co. Md.

18. Funeral director Robert Robertson
Address Prince Frederick Md.

19. Feb. 14, 1943 (Date rec'd by registrar) Wm. H. Hardesty Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 2/14/1943, at 9:15 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan 29, 1943 to Feb 14, 1943 and that I last saw him alive on Feb 7, 1943

Immediate cause of death	DURATION
Premature 7 hrs.	
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations
Date of op.
Autopsy results
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide. Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE H. W. Ward M. D. or other
Address Prince Frederick Md. Date signed

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

01520

Reg. Dist. No. 51

1. PLACE OF DEATH:
County: Calvert
City or town: Barstow
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?
Hospital, institution, or street address where death occurred:
How long in hospital or institution? (Addie)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants, give residence of mother)
State: Md County: Calvert
City or town: Barstow
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war:

3.(a) FULL NAME Mrs. Benjamin Cochrane

3.(b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
F	W	M

6.(b) Name of husband or wife:
6.(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): Feb 17, 1922

8. AGE: Years: 23 | Months | Days | If less than one day: hrs. min.

9. Birthplace: Calvert Co Md (Town, county, and state)

10. Usual occupation: Home Maker

11. Industry or business

FATHER
12. Name: Addie Stinnette
13. Birthplace: Calvert Co Md

MOTHER
14. Maiden name: Nannie Talbert
15. Birthplace: Calvert Co Md

16. Informant: Benj H Cochrane
Address: Adelina Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof: 2-20-45 (month) (day) (year)

Cemetery or crematory: St Pauls
Location: Prince Frederick, Md

18. Funeral director: W. H. Hutchins
Address: Owings, Md

19. 2-19 1945 (Date rec'd by registrar) E. N. Laing Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: 2 / 17 1945 at 11 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan 24 1945 to Feb 17 1945 and that I last saw h[illegible] alive on Feb 17 1945

Immediate cause of death	DURATION
Intracranial Hem.	2 yrs
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations:
Date of op.
Autopsy results:
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury: Injured at work?

23. SIGNATURE: [signature] M. D. or other
Address: Owings Md Date signed

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 51-E

01521

CERTIFICATE OF DEATH

Reg. Dist. No. 5-0

1. PLACE OF DEATH:
County: Calvert
City or town: Dowell
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 40 yrs
Hospital, Institution, or street address where death occurred: Home
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md County: Calvert
City or town: Dowell
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war: No

3.(a) FULL NAME: Wilson Dowell

3.(b) Social Security Number: No

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Married

6.(b) Name of husband or wife: Sadie Gaines Dowell
6.(c) If alive, give age: 56 years

7. Birth date of deceased (mo., day, yr.): May 22, 1875

8. AGE: Years	Months	Days	If less than one day
69	9	5	hrs. min.

9. Birthplace: Calvert Co., Md.
(Town, county, and state)

10. Usual occupation:
11. Industry or business: Merchant

FATHER
12. Name: John Dowell
13. Birthplace: Md

MOTHER
14. Maiden name: Sarah Isabelle Gray
15. Birthplace: Md

16. Informant: Charles Dowell
Address: Dowell, Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Mar 1, 1945 (month) (day) (year)
Cemetery or crematory: St. Paul's
Location: Lusby, Md.
18. Funeral director: A. A. Harkness & Son
Address: Mutual, Md

19. 3/28 (Date rec'd by registrar) 1945 A. E. Foster Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Feb. 27 1945 at 10:10 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov 2 1944, to 19..... and that I last saw h.. alive on Feb 26 1945

Immediate cause of death	DURATION
Acute Cardiac Failure	
Auricular Fibrillation	
Due to	
Due to	
Other conditions: Carcinoma of Prostate	

(Include pregnancy within 3 months of death)

Major findings of operations: Date of op.
Autopsy results:
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury: Injured at work?

23. SIGNATURE: [signature] M. D. or other
Address: [illegible] Date signed 3/28/45

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

01522

Reg. Dist. No. 5-2

1. PLACE OF DEATH:
County Calvert
City or town N. Beach Md
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?
Hospital, institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md County Calvert
City or town N. Beach
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war

3.(a) FULL NAME Annie Dayton Gafney

3.(b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
F	W	W

6.(b) Name of husband or wife
6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) July 31, 1867

8. AGE:

Years	Months	Days	If less than one day
77	6	4	..... hrs. ..... min.

9. Birthplace Md.
(Town, county, and state)
10. Usual occupation Domestic
11. Industry or business
FATHER 12. Name Henry C. Dayton
13. Birthplace Md
MOTHER 14. Maiden name Catherine Colburn
15. Birthplace Md
16. Informant Mrs. Wm Ward
Address N. Beach Md
17. Burial (Burial, cremation, or removal. Which?) Date thereof Feb. 6, 1945 (month) (day) (year)
Cemetery or crematory Cedar Hill
Location Prince George Co.
18. Funeral director Wm. H. Hutchins
Address Owings Md
19. Feb. 5 1945 Wm. H. Hardesty
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 4 1945, at 3:10 A M
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan 25 1945, to Feb 4 1945
and that I last saw her alive on Feb 3 1945

	DURATION
Immediate cause of death Cerebral hemorrhage	10 days
Due to Hypertension	3
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations
Date of op.
Autopsy results
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE Hyde Ward M. D. or other
Address Owings Md Date signed

M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

01523

2411 N. Charles St., Baltimore (94a)

CERTIFICATE OF DEATH

Reg. Dist. No. 51

1. PLACE OF DEATH:
County Calvert
City or town Island Creek, Md
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? Life
Hospital, institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md County Calvert
City or town Island Creek
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war No

3.(a) FULL NAME T. Wilson Hall

3.(b) Social Security Number No

4. Sex Male
5. Color or race White
6.(a) Single, married, widowed, or divorced Married
6.(b) Name of husband or wife Lucy S. Hall
6.(c) If alive, give age 58 years
7. Birth date of deceased (mo., day, yr.) April 23, 1884

8. AGE: Years 60 Months 9 Days 28 If less than one day ... hrs. ... min.

9. Birthplace Calvert Co., Md
(Town, county, and state)
10. Usual occupation Farmer
11. Industry or business

FATHER
12. Name Thomas C. Hall
13. Birthplace Calvert Co., Md

MOTHER
14. Maiden name Rebecca W. Hutchins
15. Birthplace Calvert Co., Md

16. Informant Mrs Lucy S. Hall
Address Island Creek, Md

17. Burial Date thereof Feb 24, 1945
(Burial, cremation, or removal, Which?) (month) (day) (year)
Cemetery or crematory Christ Church
Location Port Republic, Md

18. Funeral director G. A. Harkness & Son
Address Mutual, Md

19. 2-22 19 45 I. N. King
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 21, 19 45, at 2 P. M

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from ... 19 ..., to ... 19 ...
and that I last saw h ... alive on ... 19 ...

Immediate cause of death Coronary Occlusion

DURATION

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings of operations
Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE George Dett M. D. or other
Address Lusby Md? Date signed 2/23/45

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (1480)

CERTIFICATE OF DEATH

01524

Reg. Dist. No. 67

1. PLACE OF DEATH:

County CALVERT

City or town PORT REPUBLIC, MD

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred: HOUSE

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State MARYLAND County CALVERT

City or town PORT REPUBLIC

(If outside city or town limits, write RURAL and give nearest town)

Street No. —

(If rural, give LOCATION)

2.(a) If veteran, name war

3.(a) FULL NAME MARTINA · BOOTS HARROD

3.(b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
F.	Negro	Married (?)

B.(b) Name of husband or wife THOMAS HARROD

B.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) 1905

8. AGE: Years	Months	Days	If less than one day
39			..... hrs. ..... min.

9. Birthplace PLUM POINT, MD.

(Town, county, and state)

10. Usual occupation Housewife

11. Industry or business

FATHER

12. Name George Boots

13. Birthplace PARKERS Creek, CALVERT County

MOTHER

14. Maiden name Maggie Comodore

15. Birthplace •

16. Informant THOMAS HARROD

Address PORT REPUBLIC, MD.

17. Burial (Burial, cremation, or removal. Which?) Date thereof 2/7/45 (month) (day) (year)

Cemetery or crematory Browns Church

Location Port Republic

18. Funeral director P.E. Bedwell

Address Prince Frederick

19. 2-6 19 45 (Date rec'd by registrar) J.W. Kuhn Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH FEBRUARY 5 19 45, at 10:30 P.M.

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from ..... 19..... to ..... 19.....

and that I last saw h..... alive on ..... 19.....

Immediate cause of death	DURATION
Portal pulmonary thrombosis	
with infection	
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE [signature] M. D. or other

Address Date signed

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (57)

01525

CERTIFICATE OF DEATH

Reg. Diat. No. 51

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County: Calvert.
City or town: Huntingtown md
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?
Hospital, institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md. County: Calvert
City or town: Huntingtown, md
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war

3. (a) FULL NAME: Clara Hurley.

3. (b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
F	C.	

6.(b) Name of husband or wife
6.(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): 8-17-1944.

8. AGE: Years	Months	Days	If less than one day
	5	25	hrs. min.

9. Birthplace: Huntingtown md (Town, county, and state)

10. Usual occupation

11. Industry or business

FATHER
12. Name: Tyrree Hurley
13. Birthplace: md

MOTHER
14. Maiden name: Pauline Brown
15. Birthplace: Huntingtown md.

16. Informant: Pauline Hurley
Address: St Edmonds.

17. Burial (Burial, cremation, or removal. Which?) Date thereof 2-12-45 (month) (day) (year)
Cemetery or crematory: St Edmonds.
Location: Calvert, md

18. Funeral director: T.E. Sewell
Address: Prince Frederick

19. 2-12 (Date rec'd by registrar) 1945 J.N. King Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: 2-11- 1945 at 7 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ... 19... to ... 19...
and that I last saw h... alive on ... 19...

Immediate cause of death	DURATION
Prob. Congenital Heart	
Defect & Smth.	
Due to: Terminal Pneumonia	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations
Date of op.
Autopsy results
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide. Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE: Page & Dr
M. D. or other
Address: Prince Frederick Date signed 2/12/45

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (10)

01526

CERTIFICATE OF DEATH

Reg. Dist. No. 55

1. PLACE OF DEATH:

County: Calvert

City or town: Dowells md
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? life time

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: md County: Calvert

City or town: Dowells md.
(If outside city or town limits, write RURAL and give nearest town)

Street No.
(If rural, give LOCATION)

2.(a) If veteran, name war

3.(a) FULL NAME: maggie E Johnson

3.(b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
F	C.	widow.

6.(b) Name of husband or wife: ?

6.(c) If alive, give age: 62 years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years	Months	Days	If less than one day
62			hrs. min.

9. Birthplace: Calvert md
(Town, county, and state)

10. Usual occupation: Domestic.

11. Industry or business

FATHER — 12. Name: Thomas Rice

13. Birthplace: md.

MOTHER — 14. Maiden name: ?

15. Birthplace:

16. Informant: Bertha Johnson.

Address: Dowells md

17. Burial (Burial, cremation, or removal. Which?) Date thereof 2-16-45 (month) (day) (year)

Cemetery or crematory: St Johns.

Location: Calvert

18. Funeral director: P.E. Jewell

Address: Pr. Fred, md.

19. Feb 16. 1945 (Date rec'd by registrar) N.J. Pindell Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: 2-15 1945 at 5 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 1-29 1945, to 2-14 1945 and that I last saw h[er] alive on Feb 14/45 1945

Immediate cause of death	DURATION
Lobar pneumonia	
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations: Date of op.

Autopsy results:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury: Injured at work?

23. SIGNATURE: P.C. Lett / Dillard [illegible] M. D. or other

Address: Prince Frederick Date signed 2-15-45

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 13-C

01527

CERTIFICATE OF DEATH

Reg. Dist. No. 51

1. PLACE OF DEATH:
County: Calvert
City or town: Sunderland
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? Life
Hospital, institution, or street address where death occurred: Calvert
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: md County: Calvert
City or town: Sunderland.
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war

3.(a) FULL NAME: Edgar Wilson Jones.

3.(b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
m	C.	S.

6.(b) Name of husband or wife
6.(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): 2-19-1926

8. AGE: Years: 19 | Months | Days | If less than one day: hrs. min.

9. Birthplace: Calvert Co., (Town, county, and state)

10. Usual occupation: Farmer

11. Industry or business

FATHER
12. Name: Lucas Jones.
13. Birthplace: md

MOTHER
14. Maiden name: Edna Jacks
15. Birthplace: md.

16. Informant: Lucas Jones.
Address: Sunderland, md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof 2-21-45 (month) (day) (year)
Cemetery or crematory: Parkmont
Location: Calvert,

18. Funeral director: P.E. Sewell
Address: Pr. Fred, md.

19. 2-21 19 45 L.M. King Registrar
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH: 2-19-1945, at 1:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19 to 19
and that I last saw h alive on 19

Immediate cause of death	DURATION
Pulmonary Tuberculosis	
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations
Date of op.
Autopsy results
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE: Paget Dent M. D. or other
Address: Prince Frederick Date signed 2/24/45

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

Evidence for change of age of deceased & adding of date of death is shown on FILM No. G 9 4 APR 13 1945

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

61528

Reg. Diat. No. 51

1. PLACE OF DEATH:
County: Calvert
City or town: Prince Frederick
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?
Hospital, institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Calvert
City or town: Prince Frederick
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war

3.(a) FULL NAME: William Joseph King

3.(b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
M.	Colored	

6.(b) Name of husband or wife
6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.): August 27, 1865

8. AGE: Years	Months	Days	If less than one day
79 ~~10~~ 63			..... hrs. ..... min.

9. Birthplace: Calvert (Town, county, and state)
10. Usual occupation: Laborer
11. Industry or business
FATHER 12. Name: Prince King
13. Birthplace
MOTHER 14. Maiden name: ?
15. Birthplace
16. Informant: Arthur King
Address: Prince Frederick, Md.
17. Burial (Burial, cremation, or removal. Which?) Date thereof 2-25-45 (month) (day) (year)
Cemetery or crematory: Carrolls
Location: Calvert
16. Funeral director: P. C. Sewell
Address: Prince Frederick, Md.
19. Feb 25 1945 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: February 24, 1945, at ..... M

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from Feb 21 1945 to Feb 24 1945 and that I last saw h.. alive on 2-23-45 1945

Immediate cause of death	DURATION
Cerebral hemorrhage	
Due to: Generalized arterio sclerosis	
Due to: Senility	
Other conditions: Inguinal hernia	

(Include pregnancy within 3 months of death)

Major findings of operations
Date of op.
Autopsy results
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide. Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE: [signature] M. D. or other
Address: Prince Frederick Date signed

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (170)

01529

CERTIFICATE OF DEATH

Reg. Diat. No. 37

1. PLACE OF DEATH:
County Calvert
City or town Huntingtown
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?
Hospital, institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md County Calvert
City or town Huntingtown
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war

3. (a) FULL NAME Thomas Harris

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
M	C	W

6.(b) Name of husband or wife
6.(c) If alive, give age 66 years
7. Birth date of deceased (mo., day, yr.) ?

8. AGE: Years	Months	Days	If less than one day
66			hrs. min.

9. Birthplace Md (Town, county, and state)
10. Usual occupation Farmer
11. Industry or business

FATHER
12. Name Charles Harris
13. Birthplace Md

MOTHER
14. Maiden name Eliz Jones
15. Birthplace Md

16. Informant Irene Brockenbrough
Address 745 Dolphin St Baltimore Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof 2-19-45 (month) (day) (year)
Cemetery or crematory Patuxent
Location Calvert, Md
18. Funeral director P. E. Sewell
Address Prince Frederick Md

19. 2-19 1945 (Date rec'd by registrar) C. V. Harris Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 16 1945, at 10:25 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ..... 19..... to ..... 19.....
and that I last saw h..... alive on ..... 19.....

	DURATION
Immediate cause of death Int Injuries	
Fracture skull	
Due to and bilateral subdural hemorrhage	
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations
Date of op.
Autopsy results
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Accident Date of 2/16/45
Where did injury occur? Huntingtown (City or town) Calvert (County) Md (State)
Injured at home, farm, industry, public place (where?) Road
Means of injury Auto. Injured at work? No

23. SIGNATURE Hugh W Ward
Dept Med Exam for Calvert Co. M.D. or other
Address Huntingtown Date signed 2/17/45

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (83)

01530

CERTIFICATE OF DEATH

Reg. Dist. No. 52

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County: Prince Georges
City or town: Sunderland
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?
Hospital, institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md. County: Calvert
City or town: Sunderland
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war

3. (a) FULL NAME: Estella Price

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
F	C	S

6.(b) Name of husband or wife
6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.): June 27, 1896

8. AGE: Years: 48 | Months: 7 | Days: 15 | If less than one day: ..... hrs. ..... min.

9. Birthplace: Md (Town, county, and state)

10. Usual occupation: Housewife

11. Industry or business: None

FATHER 12. Name: Joseph A. Price
13. Birthplace: Md

MOTHER 14. Maiden name: Selina Small
15. Birthplace: Md

16. Informant: Joe Price
Address: Sunderland

17. Burial (Burial, cremation, or removal. Which?) Date thereof Feb. 7, 1945 (month) (day) (year)
Cemetery or crematory: Mt. Hope
Location: Sunderland

18. Funeral director: Tinkney & Sewell
Address: Prince Frederick Md.

19. Feb. 6, 1945 (Date rec'd by registrar) Wm. H. Hardesty Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: 2/5 1945, at 6 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ..... 19..... to ..... 19.....
and that I last saw h[illegible] alive on ..... 19.....

	DURATION
Immediate cause of death: Cerebral hemmorhage	2
Due to: Hard Work	
Due to:	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations: ..... Date of op. .....
Autopsy results:
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide ..... Date of .....
Where did injury occur? ..... (City or town) (County) (State)
Injured at home, farm, industry, public place (where?) .....
Means of injury ..... Injured at work?

23. SIGNATURE: [signature] M. D. or other
Address: [illegible] Date signed .....

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 33-a

CERTIFICATE OF DEATH

01531

Reg. Dist. No. 52

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
County: Calvert
City or town: Mt Harmony
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?
Hospital, Institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md County: Calvert
City or town: Mt Harmony
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war

3. (a) FULL NAME Asbury Smith

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
M	C	W

6.(b) Name of husband or wife
6.(c) If alive, give age ... years

7. Birth date of deceased (mo., day, yr.) Feb 14, 1883

8. AGE: Years 62 | Months | Days 14 | If less than one day ... hrs. ... min.

9. Birthplace Md
(Town, county, and state)

10. Usual occupation Farmer

11. Industry or business

FATHER
12. Name John Jake
13. Birthplace Md

MOTHER
14. Maiden name Rachel Smith
15. Birthplace Md

16. Informant Ernest Coates
Address Farm

17. Burial Date thereof March 3, 1945
(Burial, cremation, or removal. Which?) (month) (day) (year)
Cemetery or crematory St Edmunds
Location

18. Funeral director Pinkney Sewell
Address Prince Frederick.

19. March 2, 1945 Wm. H. Hardesty
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 2/28 19 45 at 8:30 A. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ... 19 ... to ... 19 ... and that I last saw h... alive on ... 19 ...

Immediate cause of death	DURATION
Cerebral hemorrhage	2 days
Due to Found dead	
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations
Date of op.
Autopsy results
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide ... Date of ...
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE [illegible] M. D. or other
Address ... Date signed